TRAUMA CENTER SITE REVIEW CRITERIA CHECK SHEET - LEVEL I 19CSR 30-40.430

NAME OF HOSPITAL	LOCATION	DATE
(1) GENERAL STANDARDS FOR TRAUMA CENTER DESIGNA	ATION 19 CSR 30-40.430(1)	
DOCUMENTATION 19CSR 30-40.430(1) (A)	NOT MET MET	COMMENTS
1. Board resolution to demonstrate commitment (will be met by compliance w	rith State	
standards for trauma center Designation)		
Accepts all trauma victims appropriate for level of State designation		
19CSR 30-40.430 (1)(1A)		
3. Commitment of financial, human and physical resources as needed for tra	uma 🔲 🖂	
program		
19CSR 30-40.430 (1) (A)		
4. Trauma patient receives priority for admission and all services 19 CSR 30-4	0.430 (1)(A)	
5. Job description and organizational chart depicting relationship to other ser	rvices	
Trauma Medical Director 19 CSR 30-40.430 (1) (E) 1.		
Trauma Nurse Coordinator – RN 19 CSR 30-40.430 (1) (F) 1.		
6. Continuing Education/Credentialing 19 CSR 30-40.430 (1)		
Trauma medical director – average 16 hours trauma-related every year (E) 4.	
Other trauma surgeons – 8 hours trauma-related every year (H)	very year	
Emergency department physicians – average 16 hours trauma-related e	very year 📙 📙	
(3)(A) B.(II)		
Trauma nurse coordinator – 24 hours trauma-related every year (F) 2.		
Registered nurses regularly assigned to ED or ICU credentialed by at lea	ast	
16-hour trauma nursing course within one year of assignment (3)1. E.		
ED/ICU registered nurses - 8 hours trauma-related CEU per year (3) E. 1.		
Anesthesiologist, neuro-surgeons, orthopedic surgeons – 8 hours trauma	a-related	
every year (H)		
CRNAs participating in care of trauma patients - 8 hours trauma-related		
every year (H) In adult/pediatric centers an additional 6 hours of pediatric trauma educa		
required for physician CME (H)	lion	
7. ACLS and ATLS 19 CSR 30-40.430 (1) (G)		
All trauma surgeons ATLS certified		
All ED physicians ACLS and ATLS certified	[남남]	
All ED and ICU nurses ACLS certified		
8. Trauma Medical Director 19CSR 30-40.430 (1) (E) 2,3,5		
Member of surgical trauma call roster		
Board certified surgeon		
Responsible for education and training of medical and nursing staff in tra	uma care	
Participates in research and publication projects		
Credentialing of trauma service staff – delineation of privileges by medical		
staff credentialing committee 19 CSR 30-40.430(2) (A)		

NAME OF HOSPITAL	LOCATION		DATE
(1) GENERAL STANDARDS FOR TRAUMA	CENTER DESIGNATION (Con	itinued)	
RESOURCES 19 CSR 30-40.430 (2) (C) 10. Trauma center staff consisting of physicians board specialties shall be available:	ded in the following	CC	DMMENTS
☐ General Surgery ☐ Otorhin ☐ Neurologic Surgery ☐ Pediatr ☐ Obstetric-Gynecologic Surgery ☐ Plastic, ☐ Ophthalmic Surgery ☐ Thorac ☐ Dental Surgery ☐ Urologi	edic Surgery colaryngologic Surgery ic Surgery Oral and Maxillofacial Surgery ic Surgery c Surgery		
 The following specialists credentialed by the hosp available in-house 24 hours a day: 19 CSR 30-40 		NOT MET MET	
	ency Medicine esiology		
Trauma surgeon immediately available and in atte senior resident fulfills availability requirements	ndance with patient when		
12. The following specialists credentialed by the hosp promptly available: 19 CSR 30-40.430 (2) (D) 2. 1			
Obstetric-Gynecologic Surgery Plastic Ophthalmic Surgery Thorac Orthopedic Surgery Urolog Otorhinolaryngologic Surgery Cardio Chest Medicine Nephro Gastroenterology Pathol Hematology Pediat Infectious Diseases Psychi	ology ogy rics iatry ogy		
13. Lighted designated helicopter landing area wi 19 CSR 30-40.430 (1) D) (2) STANDARDS FOR SPECIAL FACILITIE			

DOCUMENTATION		
14. Written protocols defining the relationship of ED physicians to other physician		
members of the trauma team 19 CSR 30-40.430(3) (A)1. (C)	— —	
RESOURCES		
15. Emergency department staffing ensures immediate and appropriate care	ΙПП	
of the trauma patient (3) (A) 1.		

MO 580-1629 (5/99)

Traditia Contain Che Noview Chicara Chicara Chicara Caranta (Containaca)				
NAME OF HOSPITAL	LOCATION			DATE
(2) STANDARDS FOR SPECIAL FACILITIES/RESOURCES/CAPABILITIES (Continued)(ED)				
RESOURCES (Continued) ED		NOT MET MET	СОММЕ	NTS
16. Physician director board certified or board admissible in emergency med 30-40.430.(3) (A) 1. A.	icine 19 CSR			
17. Physicians competent in emergency care on duty in ED 24 hours a day				
18. Designated trauma resuscitation area in ED				
19. Trauma utilization assessment system				
20. Documentation for the trauma patient flow sheet ED – ICU				
EMERGENCY DEPARTMENT 21. Equipment for resuscitation and life support including but not limited to the following: (All items include pediatric sizes) Airway control and ventilation equipment Suction devices Electrocardiograph, oscilloscope and defibrillator	he			
 ☐ Central line insertion equipment ☐ All standard intravenous fluids, administration devices and IV cather ☐ Sterile surgical sets for procedures standard for the ED ☐ Gastric lavage equipment ☐ Drugs and supplies necessary for emergency care ☐ Two-way radio linked with EMS vehicles ☐ End-tidal CO₂ monitor ☐ Skeletal tongs 				
 ☐ Temperature control devices for patient, parenteral fluids and blood ☐ Mechanical ventilators ☐ Rapid infusion system for parenteral infusion ☐ Equipment checked according to hospital preventive maintenance s 				
X-RAY/LABORATORY				
22. X-ray capability 24 hours a day with 24 hours a day technicians				
 Sonography, nuclear scanning and angiography available 24 hours a da with 30 minutes maximum response time 				
24. Adequate physician and nursing personnel to support the trauma patient documentation of care during the time patient is physically present in rad during transportation to and from radiology				
25. In-house computerized tomography with technician in-house				
26. Resuscitation equipment available to radiology department				

NAME OF HOSPITAL	LOCATION				DATE		
(2) STANDARDS FOR SPECIAL FACILITIES/RESOURCES/C	APABILITIE	S (C	ont	inued)			
X-RAY/LABORATORY (Continued)		T ,		,	COMMENT	S	
27. The following clinical laboratory services available 24 hours a day:							
☐ Standard analyses of blood, urine and other body fluids							
☐ Blood typing and cross matching							
Coagulation studies							
Comprehensive blood bank or access to community central blood ba	ank and						
adequate hospital blood storage facilities							
Blood gases and pH determinations							
☐ Serum and urine osmolality ☐ Microbiology							
☐ Drug and alcohol screening							
ICU			NOT				
28. Designated medical director for ICU		MET	MET				
29. Physician (not ED physician) on duty in the ICU or available in-house 24	hours a day	H	<u> </u>				
30. Comparable care for trauma patients if immediate space is not available		H					
31. Patient classification system for ICU with nurse/patient ratio 1:2 maximum		片	<u> </u>				
·		Щ	<u> </u>				
32. Nursing care documentation on a 24-hour patient flow sheet							
33. Separate pediatric and adult ICUs or combined ICU with nurses trained	in						
pediatric intensive care							
34. ICU - Equipment for resuscitation and life support including but not limited	d to						
the following: (All items include pediatric sizes)							
Airway control and ventilation equipment							
Oxygen source with concentration controlsCardiac emergency cart							
Temporary transvenous pacemakers							
Electrocardiograph, oscilloscope and defibrillator							
Cardiac output monitoring							
Electronic pressure monitoring and pulse oximetry							
End tidal carbon dioxide monitor and mechanical ventilators							
☐ Patient weighing devices							
Pulmonary function measuring devices							
Temperature control devices							
☐ Drugs, intravenous fluids and supplies							
Intracranial pressure monitoring devices							
Mechanical ventilator							
Documentation equipment checked according to hospital preventive maintenance schedule							

MO 580-1629 (5/99) 4

Trauma Center Site Review Criteria Check Sheet - Level I

Tradelina Control Cito Notice Citotica				
NAME OF HOSPITAL	LOCATION			DATE
(2) STANDARDS FOR SPECIAL FACILITIES/RESOURCES/C	APABILITIE	S (Con	ntinued)	
OR		NOT	COMMEN	ITS
35. Operating room adequately staffed in-house 24 hours a day		MET MET		
33. Operating room adequately statled in-nouse 24 hours a day				
36. Equipment for resuscitation and to provide life support for the critically ill seriously injured, including but not limited to the following:	or			
(All items include pediatric sizes)				
Cardiopulmonary bypass capability				
Operating microscope				
☐ Thermal control equipment				
X-ray capability				
Endoscopes, all varieties				
Instruments necessary to perform an open craniotomy				
Monitoring				
☐ Equipment checked according to hospital preventive maintenance				
schedule			1	
PAR				
37. RNs and other essential personnel on call and available within 20 minut	es in the PAR			
38. <u>P</u> AR				
Airway control and ventilation equipment				
☐ Suction devices				
☐ Electrocardiograph, oscilloscope and defibrillator				
 Apparatus to establish central venous pressure monitoring 				
All standard intravenous fluids				
Sterile surgical set for emergency procedures				
 Drugs and supplies necessary for emergency care 				
☐ Temperature control devices for the patient, for parenteral fluids and	for blood			
Intracranial pressure monitoring devices				
☐ Temporary pacemaker				
Pulmonary function measuring devices				
Mechanical ventilator				
Documentation equipment checked according to hospital				
preventive maintenance schedule				
MEDICAL/SURGICAL				
39. RNs and other essential personnel on duty 24 hours a day on medical-s	urgical floors			

Trauma Center Site Review Criteria Check Sheet – Level I (Continued) NAME OF HOSPITAL LOCATION DATE (2) STANDARDS FOR SPECIAL FACILITIES/RESOURCES/CAPABILITIES (Continued) COMMENTS 40. MEDICAL SURGICAL FLOORS Equipment for resuscitation and life support for the injured patient, including but not limited to the following: (All items include pediatric sizes) Airway control and ventilation, bag-mask resuscitator and O₂ Suction devices Electrocardiograph, oscilloscope and defibrillator All standard intravenous fluids and IV catheters Drugs and supplies necessary for emergency care Oxygen source with concentration controls Documentation equipment checked according to hospital preventive maintenance schedule NOT 41. Trauma team activation protocol MET MET Lists criteria according to injury type and severity Identifies person authorized to notify trauma team Provides immediate notification and rapid response requirements 42. Organ and tissue procurement notification procedures 43. Transfer agreements Hemodialysis ☐ Injury rehabilitation ☐ Spinal cord injury Burn care Pediatric trauma managerment rehabilitation 44. Adequate support services for patient's family from time of entry to discharge 45. Written protocol that trauma patient receives priority

(3) STANDARDS FOR QUALITY ASSURANCE	
 DOCUMENTATION 46. Quality assurance program shall systematically monitor, review and evaluate quality and appropriateness of patient care, improve care and resolve identified problems 	
47. Minutes of conferences to include attendance, individual cases reviewed, findings and follow-up	
48. A copy of the hospital's trauma nursing course curriculum filed with BEMS	
49. Hospital and staff document a research program in trauma	
50. Trauma registry form completed on all appropriate patients	
51. Post-discharge follow-up documentation	

(3) STANDARDS FOR QUALITY ASSURANCE (Continued)	
DOCUMENTATION (Continued)	COMMENTS
52. Quality improvement documentation to include:	
☐ Trauma death audit ☐ Utilization and tissue review	
☐ M & M ☐ State trauma registry reviews	
Multidisciplinary trauma conference Prehospital and regional trauma care	
☐ Medical and nursing audits review	
	NOT MET MET
53. Separate quality assurance program for CRNAs by anesthesiologists	
54. Outreach program with 24 hour availability of telephone consultation	
55. Public education program promotes injury prevention, public awareness	
56. Provides training and clinical resources, involved in local and regional EMS systems	
57. Hospital cooperates with BEMS in conducting epidemiological studies and case	
studies for developing injury control and prevention programs	
58. Hospital diversions – date, length of time and reason followed by Q/I (all)	

MO 580-1629 (5/99)